

POST TRAUMATIC STRESS DISORDER

ACUTE STRESS DISORDER

DSM-IV

- A. 1. The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
2. The person's response involved intense fear, helplessness, or horror. DSM-IV
- B. The traumatic event is persistently reexperienced
- C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness
- D. Persistent symptoms of increased arousal

Janoff-Bulman

“The world is benevolent

“The world is meaningful

“The self is worthy” (p. 6).

Johnson's fourth assumption:

“I am capable of keeping myself out of physical harm's way.”

Marti Horowitz: Stress Response Syndrome

Bessel van der Kolk
Harvard Medical School

“Research has shown that under ordinary conditions, people with PTSD often have a fairly good psycho-social adjustment. However, they do not respond to stress the way other people do; under pressure they may feel or act as if they were being traumatized all over again. . . .high states of arousal seem to selectively promote retrieval of traumatic memories, sensory information, or behavior associated with prior traumatic experiences.”

van der Kolk: “. . . although the sensory perceptions reported in PTSD may well reflect the actual imprints of sensations that were recorded at the time of the trauma, all narratives that weave sensory imprints into socially communicable stories are subject to condensation, embellishment, and contamination. Although trauma may leave an indelible imprint, once people start talking about these sensations and try to make meaning of them, they are transcribed into ordinary memories—and, like all ordinary memories, they are then prone to distortion. People seem to be unable to accept experiences that have no meaning; they will try to make sense of what they are feeling. Once people become conscious of intrusive elements of the trauma, they are likely to try to fill in the blanks and complete the picture.” van der Kolk: Traumatic Stress

TREATMENT

Critical Incident Debriefing

Therapeutic alliance

Catharsis

Eye Movement Desensitization and Reprocessing

Freud and the sexual abuse theory